PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 FEB -2 AM 9:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

600026051156
01/06/01--01005--025 **200.00

DOCUMENT # M00000001738

1. Limited Liability Company's Name
Coral Creek Limited Liability Company

270 GILCHRIST POB 1369

2. Principal Office Address	3. Mailing Office Address
~~1040 West Tenth Street~~	~~1040 West Tenth Street~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Grande, FL	City & State: Boca Grande, FL
Zip: 33921 Country: USA	Zip: 33921 Country: USA

4. State/Country of Formation: Nevada / USA
5. Date Organized or Qualified To Do Business in Florida: 08/22/00
6. FEI Number: 36-43872 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: William H. Regnery II
Street Address (P.O. Box Number is Not Acceptable): ~~1040 West Tenth Street~~ 270 GILCHRIST AVE
Suite, Apt. #, Etc.: POB 1369
City: Boca Grande State: FL Zip Code: 33921

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: William H. Regnery II Date: 1/29/04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgrm.	William H. Regnery	~~1040 West Tenth Street~~	Boca Grande, FL 33921
		270 GILCHRIST AVE	
		POB 1369	
		600026051156 02/05/04--01037--005 **50.00	
		REINSTATEMENT 2002-04	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: William H. Regnery II Date: 1/29/04 Daytime Phone: 941-964-0098

Typed or printed name of signing Managing Member/Manager: William H. Regnery